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## **EXCEPTIONAL WOMEN IN BUSINESS:**

### **CONNECT\*EMPOWER\*SUCCEED**

**September 24, 2014**

**Eastern Market – North Hall**

**225 7<sup>th</sup> Street S.E.**

### **Janitorial Supplies**

The Department of General Services (DGS) is seeking a contractor to provide janitorial supplies required by various District facilities under its jurisdiction. The Department intends to issue a Blanket Purchase Agreement to fulfill this requirement in Fiscal Year 2015, which begins October 1, 2014 and ends September 30, 2015. Please provide your price in accordance with the attachment included.

Response to this Request for Quote (RFQ) should be submitted to the attention of Rosemary.Suggs-Evans@dc.gov, no later than 2:00 pm on September 16, 2014. The Department will make an award to the responsive contractor with the lowest total price and consideration of other factors demonstrating responsibility.

All inquiries regarding this RFQ should be directed to Rosemary Suggs-Evans at 202-698-4197 or at the e-mail address listed above.

#### **REMINDER**

To be eligible to receive an award at this event you must:

- Register for the event
- Be a Certified Small Business Enterprise
- Be present at time of award



## Janitorial Supplies - Attachment A Price Schedule

Items include, but are not limited to the following:

Line Item Number	Description	Unit Price*
1.	Bathroom Tissue (Reg) 96 rolls per case	
2.	Bathroom Tissue (9") JRT 12 rolls per case	
3.	Black Trash Liners, 44 x 48", 1.5 Mil 100 per case	
4.	Clear Trash Liners, 24 x 24", 7 gallons 1000 per case	
5.	All Purpose Cleaner, 4 gallons per case	
6.	General Disinfectant, 4 gallons per case	
7.	Neutral Floor Cleaner, 4 gallons per case	
8.	Cotton End-Cut Mop Head	
9.	Dust Mop Heads, 36x5"	
10.	Upright Lobby Dust Pans	
11.	Heavy Duty Garden Hose, 50 ft.	
12.	Grey Trash Can "Brute" 44 Gallon	
<b>TOTAL</b>		

**\*The supplies listed in the Price Schedule are being provided as a representative sample of frequently purchased items as the basis on which award will be made along with other factors.**

Company Name \_\_\_\_\_

CBE #: \_\_\_\_\_ CBE EXPIRATION DATE: \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_  
(Printed Name)

Authorized Representative: \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)